



CE

ELECTRICAL PERMIT APPLICATION

BUILDING and NEIGHBORHOOD SERVICES
615-794-7012 Office 615-591-9066 Fax

GENERAL INFORMATION

Subdivision: _____ Lot #: _____ Building Permit #: _____
 Project Address: _____ Suite/Unit #: _____
 Project Name: _____ Residential: _____ Commercial: _____
 Property Owner/General Contractor: _____
 Property Owner's/General Contractor's Phone Number: _____

CONTRACTOR INFORMATION

CE Contractor: _____
 State License CE#: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ E-mail: _____
 Office phone: _____ Cell Phone: _____ Fax: _____

CHECK ALL THAT APPLY

\$ _____ **CONTRACT AMOUNT (includes Materials and Labor)**

- | | |
|---|---|
| <input type="checkbox"/> Service Size (Amps) _____ | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> 90 Day Service Release (under 1000 amps) |
| <input type="checkbox"/> Change of Service | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Service Entrance (over 1000 amps) | <input type="checkbox"/> Central Vacuum |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Temporary Svc Size _____ | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Addition of Fixtures or Equipment | <input type="checkbox"/> Occupancy Final |
| Water Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric | Type of Heat <input type="checkbox"/> Gas <input type="checkbox"/> Electric |

Narrative of Scope of Work (required)

Signature: _____ **Date:** _____

Note: Contact Lori Jarosz (lori.jarosz@franklintn.gov) or 615.550.6728 at for confirmation of address assignment. Incorrect or incomplete information may result in permit revocation. LLE scope of work must be less than \$25,000.